



DON SIEGELMAN  
Governor

# Alabama Medicaid Agency

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MICHAEL E. LEWIS  
Commissioner

January 2, 2001

## **Provider Notice 01-01**

**TO:** Medicaid Physicians and Pharmacy Providers

**RE:** Monthly Maximum Dosage Units

In an effort to foster appropriate drug utilization, Medicaid, upon consideration of the recommendation of the Pharmacy and Therapeutics Committee, has expanded the maximum monthly dosage units for various drugs to include aggregation inhibitors/antiplatelet agents, bisphosphonates, leukotriene receptor antagonists/inhibitors, and antirheumatic agents as well as others. Maximum units are established as monthly limits (30 days), and have been re-evaluated recently. Maximum units, as indicated below, will be effective for claims processed after January 21, 2001.

Recognizing that the treatment of some patients may require extraordinary means, an override process has been developed. In order to provide authorization for doses exceeding the monthly maximum units, additional information regarding the patient's diagnosis and medical justification is needed. Overrides for patients requiring a higher monthly dosage may be requested by contacting Health Information Designs (H.I.D.) at 1-800-748-0130, or by FAX at 1-800-748-0116. The prescribing physician may provide medical justification over the telephone or may submit the information in writing via FAX to 1-800-748-0116.

**Overrides may be granted for up to one year, with supporting justification and diagnosis.**

If a patient presents to the pharmacy with a prescription for more than the monthly limit, the pharmacy or physician should contact H.I.D. for an override. A patient cannot be charged cash for quantities in excess of the 30-day limit unless an override has been requested and denied. Once an override has been requested and denied because the patient failed to meet medical necessity criteria, the excessive quantity becomes a Medicaid non-covered service for that patient. The provider may charge cash for Medicaid non-covered services.

A list of the current additions to the max units for drugs most frequently edited for monthly units and their limits is provided. Any questions regarding this notice may be directed to Louise F. Jones, Associate Director, Program Management at 334-242-5050 or Dr. Mary McIntyre, Associate Medical Director, at 334-242-5997.

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Michael E. Lewis  
Commissioner

Distribution:

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama
Alabama Optometric Association		

**Effective Date 1/22/01**

**Aggregation Inhibitors/Antiplatelet Agents                      Max Units Allowed/ 30 Days**

Asa/dipyridamole 25mg/200mg	60
Cilostazol 50mg	60
Cilostazol 100mg	60
Clopidogrel 75mg	30
Ticlopidine HCL 250mg	60

**Bisphosphonates**

Alendronate 5mg	30
Alendronate 10mg	30
Alendronate 40mg	30
Etidronate 200mg	60
Etidronate 400mg	60
Risedronate 5mg	30
Risedronate 30mg	30
Tiludronate 240mg	60

**Leukotriene Receptor Antagonists/Inhibitors**

Montelukast 4mg	30
Montelukast 5mg	30
Montelukast 10mg	30
Zafirlukast 10mg	60
Zafirlukast 20mg	60
Zileuton 600mg	120

**Antirheumatic Agents**

Lefunomide 10mg	30
Lefunomide 20mg	30
Lefunomide 100mg	3